

The Commonwealth of Massachusetts  
Commission Against Discrimination

DOCKET NUMBER: 00132499  
FILING DATE: 08-15-2000

EEOC/HUD NUMBER: 166402520  
VIOLATION DATE: 02/15/00

Name of Aggrieved Person or Organization:

Robert L. Johnson  
5 Moody Drive  
Sandwich, MA 02563  
Telephone Number: (508) 888-0755

Named is the employer, labor organization, employment agency, or state/local government agency who discriminated against me:

Town Of Sandwich  
Human Resources Department  
Municipal Building  
130 Main Street  
Sandwich, MA 02563  
Telephone Number: (508) 888-4910

No. of Employees: 20 +

Work Location: Sandwich, MA

Cause of Discrimination based on:

Age  
Disability  
Other.  
(Age of Complainant, specified  
Skin disease or defect (including irregular pigmentation)  
Paragraph 4, Retaliation).

The particulars are:

I, Robert L. Johnson, the Complainant believe that I was discriminated against by Town Of Sandwich, on the basis of Age Disability Other. This is in violation of M. G. L. Chapter 151B S4 P 1B+16+4.

Please see attached.

I swear or affirm that I have read this complaint and that it is true to the best of my knowledge, information and belief.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 16th Day of August, 2000 (Signature of Complainant)

NOTARY PUBLIC:

SIGNATURE NOTARY PUBLIC: MY COMMISSION  
EXPIRES:

**CHARGE OF DISCRIMINATION**

ENTER CHARGE NUMBER

☐ FEPA 00132499

☐ EEOC

As affected by the Privacy Act of 1974; see Privacy Act Statement on reverse  
completing this form.

**MASSACHUSETTS COMMISSION AGAINST DISCRIMINATION**

(State or local Agency, if any)

and EEOC

NAME (Indicate Mr., Ms., or Mx.)

MR. ROBERT L. JOHNSON

HOME TELEPHONE NO. (Include Area Code)  
(508) 888-0755

STREET ADDRESS

CITY, STATE AND ZIP CODE

SANDWICH, MA 02563.

COUNTY

BARNSTABLE

4 MOODY DRIVE

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE,  
STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME

TOWN OF SANDWICH

NO. OF EMPLOYEES/MEMBERS

20+

TELEPHONE NUMBER (Include Area Code)

(508) 888-4910

STREET ADDRESS

MUNICIPAL BUILDING 130 MAIN STREET

CITY, STATE AND ZIP CODE  
SANDWICH, MA 02563

NAME

TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

CAUSE OF DISCRIMINATION BASED ON (Check appropriate boxes)

☐ RACE

☐ COLOR

☐ SEX

☐ RELIGION

☐ NATIONAL ORIGIN

☒ AGE

☒ RETALIATION

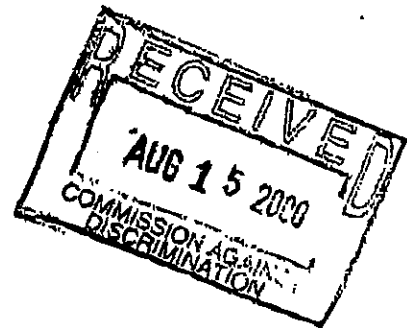
☒ OTHER (Specify) HANDICAP

DATE MOST RECENT OR CONTINUING  
DISCRIMINATION TOOK PLACE  
(Month, day, year)

FEBRUARY 15, 2000

THE PARTICULARS ARE (If additional space is needed, attach additional sheet(s))

"SEE ATTACHMENT"



☐ I also want this charge filed with the EEOC.  
I will advise the agencies if I change my address or telephone  
number and I will cooperate fully with them in the processing  
of my charge in accordance with their procedures.

I declare under penalty of perjury that the foregoing is true  
and correct.

*Robert L. Johnson*  
Charging Party (Signature)

NOTARY - (When necessary to meet State and Local Requirements)

I swear or affirm that I have read the above charge and that it  
is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

*Robert L. Johnson*  
X  
SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(Day, month, and year)

8-11-00

*Charles Michael*  
THE COMMISSION  
SECRETARY (5/24/01)

Charging Party (Signature)

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE AND MUST NOT BE USED

EOC FORM 5  
MAR 85

**ATTACHMENT A**

I am 51 years old, (d.o.b. 12-07-48), and a disable veteran who has spent 25 years on the Sandwich, MA Police Force, 13 of those years as a sergeant. I suffer from a mildly disabling (10%) skin condition acquired in Vietnam which does not interfere with my ability to perform police work. In 1997, the Chief of Police position became available and I indicated my interest, passed the necessary examinations and screening and was considered one of two finalists. Both finalists were ultimately passed over in favor of Michael Miller who is not disabled, is younger, and is significantly less experienced than myself. Miller was sworn in as Chief of Police on February 15, 2000.

During the selection process, I was told that the Town did not want any disabled Veterans in the Chief's job. Selectwoman Mary Gail Alesse made these remarks and also stated that "We don't want a Chief coming in the front door in a wheelchair." These sentiments were echoed as well by other Town of Sandwich Selectmen. I was also told that I was "too old for the Chief position" angrily by Selectman Robert Jones. Both Alesse and Jones were involved in the decision making process.

After making my displeasure known regarding the Town's discriminatory acts, I became the victim of retaliation. Shortly after Michael Miller assumed the Chief's position, I was relieved of my plain clothes daytime detective sergeant duties and reassigned as a road supervisor in a cruiser and wearing a standing police uniform. This was done despite the Detectives Division's having solved every major crime they investigated during the year previous. I had also served as interim Chief of Police when the Chief or Acting Chief was out of town. This position too was taken from me causing me to lose stature with other officers on the force.

Therefore, I charge the Respondent with unlawful discrimination against me in violation of Massachusetts General Laws c. 151B § 4, the Age Discrimination in Employment Act 29 U.S.C. §621 et seq and Americans with disabilities Act 42 U.S.C. §12101 et seq.

